

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>2016 COMMITTEE; THE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
M	M																										
D	D																										
Y	Y	Y	Y	Y	Y																						

Full Name of Payee <b>Media USA</b>		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>11</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>02</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>2015</td></tr> </table>		M	M		11			D	D		02			Y	Y	Y	Y	Y	Y						2015
M	M																										
11																											
D	D																										
02																											
Y	Y	Y	Y	Y	Y																						
					2015																						
Mailing Address <b>PO BOX 189</b>		Amount <table border="1" style="width:100%"> <tr><td colspan="6">4000.00</td></tr> </table>		4000.00																							
4000.00																											
City <b>Litchfield</b>	State <b>MN</b>	Zip Code <b>55355</b>	Transaction ID : <b>WFT2015104917-1</b>																								
Purpose of Expenditure <b>Skywalk Panels with Brochure Distribution</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	M	M					D	D					Y	Y	Y	Y	Y	Y						
M	M																										
D	D																										
Y	Y	Y	Y	Y	Y																						
Name of Federal Candidate <b>Dr. Ben Carson</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____																								
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%"> <tr><td colspan="6">54300.00</td></tr> </table>	54300.00						Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____																		
54300.00																											

Full Name of Payee		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
M	M																										
D	D																										
Y	Y	Y	Y	Y	Y																						
Mailing Address		Amount <table border="1" style="width:100%"> <tr><td colspan="6"></td></tr> </table>																									
City	State	Zip Code	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	M	M					D	D					Y	Y	Y	Y	Y	Y						
M	M																										
D	D																										
Y	Y	Y	Y	Y	Y																						
Purpose of Expenditure		Category/Type																									
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____																								
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%"> <tr><td colspan="6"></td></tr> </table>							Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____																		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<table border="1" style="width:100%"> <tr><td colspan="6">4000.00</td></tr> </table>	4000.00					
4000.00							
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<table border="1" style="width:100%"> <tr><td colspan="6"></td></tr> </table>						
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<table border="1" style="width:100%"> <tr><td colspan="6">4000.00</td></tr> </table>	4000.00					
4000.00							

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

M	M	
11		

D	D	
04		

Y	Y	Y	Y	Y	Y
					2015

Signature